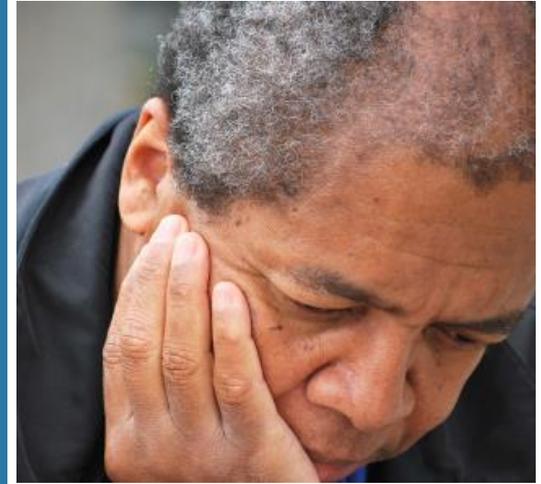


Gambling Pathology And Other Related Behavioral Disorders

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Definition of Addiction



Essential feature is failure to resist impulse drive or temptation to perform an act that is harmful to the person or others.

The repetitive engagement in these behaviors interferes with functioning in other domains (American Psychiatric Association)

Addiction..the history

Old habits? A history of drink, drugs and addiction.

7000 BCE

Oldest known alcoholic drink, identified from traces left on pottery excavated from a site in China. Some archaeologists believe cultivating fermentable crops was a key factor in the origins of agriculture, and so is as old as human settlement.



4000 BCE

Opium poppies domesticated in the western Mediterranean. Opium, which can be harvested from the wild, is probably the oldest narcotic.



4000 BCE

Cannabis in use as a narcotic in Eurasia.



1200 CE

The Incas in South America adopt the traditional Andean habit of chewing coca leaves (which contain cocaine), and declare coca a sacred plant.



1599

Shakespeare uses the word "addiction" in *Henry V*. At that time, it meant to be bound to someone as a slave, or by excessive devotion, hence "His addiction was to causes vain..."

1839

The British force China to allow continued importation of opium, mainly from their territories in India. This helps finance the new trend among the English at home, tea-drinking.



1860

First pure cocaine extracted from coca leaves. Coca extracts in wide use in tonics and patent medicines in Europe and the USA.



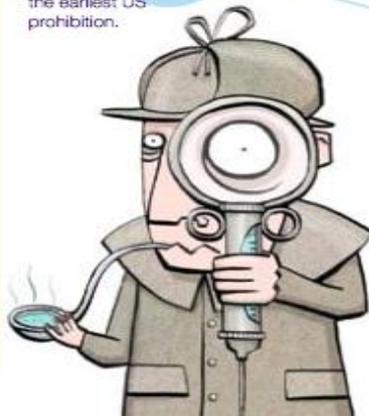
1729

Faced with a gin craze, especially among the poor in London, Parliament passes the first of a series of laws trying to control gin drinking.



1875

San Francisco city ordinance bans use of opium, the earliest US prohibition.



1890

Popular fictional detective Sherlock Holmes is described in *The Sign of Four* injecting cocaine. Holmes, also a user of morphine, describes cocaine to an anxious Dr Watson as "transcendently stimulating and clarifying to the mind".



1614

First shipment of Virginia tobacco auctioned in London. It breaks a Spanish monopoly on the weed, and creates a demand for labour that is to be met by the slave trade.

2008

Premiere of US series *Celebrity Rehab* with Dr Drew. In this reality show celebrities undergo 21 days' treatment for drug or alcohol addiction, and are filmed 24/7.

1997

Alan Leshner, Director of US National Institute on Drug Abuse, publishes review paper in *Science* concluding that "addiction is a brain disease".

1956

American Medical Association declares alcoholism a disease.

What is Addiction



Glenn Walters

"the persistent and repetitious enactment of a behaviour pattern"

The 4 'P's

Progression

to higher tolerance and risk of withdrawal symptoms

Preoccupation

with the behaviour

Perceived

loss of control

Persistence

in spite of negative consequences

The Addiction Concept.
Needham Heights,
MA: Allyn and Bacon; 1999.

Potentially addictive
behaviour



Vulnerable individuals



**Addictive
behaviour**

Mark Griffiths

"need to be fulfilled if a behaviour is to be defined as 'addictive'"

Saliency

The activity is the most important thing in your life

Mood modification

You feel a 'buzz' or a 'numbing' from the activity

Tolerance

A need to increase the amounts of the activity to get the same feeling as before

Withdrawal symptoms

Unpleasant feelings and/or physical effects when activity reduced or stopped

Conflict

Within you or between you and those around you

Relapse

Tendency to go back repeatedly to a particular activity, even after a long period without it

Nicotine, tobacco and addiction.
Nature 1996;384(6672):122.

Behavioral Addictions



Gambling Disorder

Hypersexuality (non-paraphilic)

Compulsive buying

Pathological skin picking?

Excessive tanning?

Excessive Tattooing?

Computer/video gaming?

Internet addiction?

Compulsive Eating?

Similarities: Process and Substance Addictions



- Onset in adolescence
- Higher rates in adolescents and young adults
- Spontaneous quitting
- Chronic relapsing patterns (Slutske, 2006)
- Preceded by feelings of tension or arousal before committing the act
- Ego-syntonic, initially may become ego-dystonic over time when it becomes less pleasurable
- Urges/cravings
- Decrease anxiety and produce a high
- Marital/relationship issues
- Illegal acts to fund or cope
- Men start earlier in life
- Women later with a telescoping effect

Similarities: Process and Substance Addictions



- High sensation seeking and impulsivity
- Low on harm avoidance
- But with gambling or internet addiction high on harm avoidance (Tavares et al 2007)
- Psychoticism, interpersonal conflict, self-directedness in internet addiction (Weinstein et al 2011)
- Obsessive Compulsive Disorder (OCD)= high harm avoidance and low on impulsivity
- Cognitive inflexibility limited to OCD

Similarities: Process and substance



Among those with Gambling Disorder, risk for alcohol use disorder is 3.8 times higher

Among those with substance use disorder risk of gambling disorder was 2.9 times higher

Why?

May be an issue of disinhibition

May be switching addictions/not fully in recovery

Similarities: Process and substance



- Both discount rewards
- Don't do as well on decision making tasks
- People in recovery from alcohol and others in recovery from gambling showed diminished performance on tests of inhibition, cognitive flexibility and planning

Similarities: Process and substance



- Increased attention has been given to further understanding non–substance-related patterns of excessive behavior.
 - Excessive behavioral patterns as addictive disorders
- Or
- as obsessive compulsive spectrum disorders or impulse control disorders.
 - Reliable classification is important in facilitating understanding and communication, and is a work in progress

GAMBLING DISORDER



- Socially acceptable and widespread activity
- 4% of the adult US population currently have a gambling disorder, and 6% will experience harm from gambling during their lifetime

Gambling Disorder=

- gamble despite serious social and personal consequences
- meet 4/10 criteria

GAMBLING DISORDER DSM-5 Proposed criteria



4

A. Persistent and recurrent maladaptive gambling behavior as indicated by at least 5 of the following

1. Is preoccupied with gambling (eg, preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
2. Needs to gamble with increasing amounts of money to achieve the desired excitement
3. Has repeated unsuccessful efforts to control, cut back, or stop gambling
4. Is restless or irritable when attempting to cut down or stop gambling
5. Gambles as a way of escaping from problems or of relieving a dysphoric mood (eg, feelings of helplessness, guilt, anxiety, depression)
6. After losing money gambling, often returns another day to get even ("chasing" one's losses)
7. Lies to family members, therapist, or others to conceal the extent of involvement with gambling
8. Has committed illegal acts, such as forgery, fraud, theft, or embezzlement, to finance gambling
9. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
10. Relies on others to provide money to relieve a desperate financial situation caused by gambling

B. The gambling behavior is not better accounted for by a manic episode

out

Clinical Characteristics:

Hidden addiction / minimal signs and symptoms

Screening is key:

- BBGS (Brief Biosocial Gambling Screen)
- preoccupation, tolerance, withdrawal, loss of control, escapism, dishonesty, and risk-taking behaviors related to gambling
- distinguished from excessive gambling secondary to dopamine agonists or during the course of a manic episode

GAMBLING DISORDER



The biopsychosocial model:

- Predisposing factors (ie, poor coping and problem-solving skills, personality, and genetic variability) COMBINE with gambling wins to create a cognitive-behavioral and diathesis-stress pathway that raises the risk for pathological gambling.
- OR
- 3 pathways leading to 3 subtypes of gamblers
 - behaviorally conditioned,
 - emotionally vulnerable, and
 - antisocial impulsivist

Risk Factors:

- Ventral tegmental-orbitofrontal cortex
- Neurotransmitters (noradrenaline, serotonin, glutamate, dopamine, and endorphins)
- Childhood exposure to gambling
- Culture or ethnicity

Assessment and Diagnostic Considerations:

Assess the severity / ASAM level of care

- Brief intervention, ongoing outpatient care, intensive outpatient treatment, or residential treatment.
- Assess suicidal ideation:
 - increased risk for suicide
 - 81% of pathological gamblers in treatment showed some suicidal ideation, and 30% reported 1 or more suicide attempts in the preceding 12 months (Battersby et al 2006)

Assess:

- Number of criteria endorsed
- Duration, frequency, or the context of gambling
- How often (frequency), how long (duration), and how much (amount) they gamble
- Financial assessment (debt, money gambled, money available)
- Lost job
- Legal problems (eg, crime, arrests)
- Relational problems (eg, divorce, domestic violence, child abuse)
- Health problems (eg, increased stress, sleep disturbances).

Treatment Considerations:

No approved pharmacologic treatments

Some promising pharmacologic treatments:

- include opioid receptor antagonists
- amino acid and glutamate modulators (N-acetyl cysteine)
- high placebo effects

Therapies:

- Self –help manuals,
- brief interventions,
- short-term therapy,
- CBT (near miss/distortions), MI/MET, Mindfulness
- Twelve-step support groups (little research)

GAMBLING DISORDER





Treatment Considerations:

Preferred treatment plan includes

- individual and group cognitive-behavioral, MI, mindfulness, and experiential psychotherapy
- attendance at a treatment group or 12-step support meeting, and
- concurrent pharmacologic interventions to address both co-occurring issues

Goal:

- arrest gambling disorder
- address underlying issues
- Improve Quality of Life

HYPERSEXUAL DISORDER



sexual addiction, excessive sexuality, problem sexual behaviors, or compulsive sexual behavior

The distinguishing characteristic:

- repetitive and intense preoccupations with sexual fantasies, urges, and behaviors
- leading to adverse consequences and
- clinically significant distress or impairment in social, occupational, or other important areas of functioning.

HYPERSEXUAL DISORDER DSM-5 Proposed criteria



- A. Over a period of at least 6 months, recurrent and intense sexual fantasies, sexual urges, and sexual behavior in association with 4 or more of the following 5 criteria:
1. Excessive time is consumed by sexual fantasies and urges and by planning for and engaging in sexual behavior
 2. Repetitively engaging in these sexual fantasies, urges, and behavior in response to dysphoric mood states (eg, anxiety, depression, boredom, irritability)
 3. Repetitively engaging in sexual fantasies, urges, and behavior in response to stressful life events
 4. Repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges, and behavior
 5. Repetitively engaging in sexual behavior while disregarding the risk for physical or emotional harm to self or others
- B. There is clinically significant personal distress or impairment in social, occupational, or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges, and behavior²⁰
- C. These sexual fantasies, urges, and behaviors are not due to direct physiologic effects of exogenous substances (eg, drugs of abuse or medications) or to manic episodes.
- D. The person is at least 18 years of age

Specify if: Masturbation, pomography, sexual behavior with consenting adults, cybersex, telephone sex, strip clubs

HYPERSEXUAL DISORDER



3% to 6% US population

Men (particularly homosexual preference) > women

- One online study of men (n =5834) and women (n =7251) found that 1.83% of men and 0.95% of women had significantly elevated scores on the Sexual Compulsivity Scale and a history of having sought treatment for sexual compulsivity, addiction, or impulsivity

HYPERSEXUAL DISORDER



Research has focused largely on white samples of heterosexual and homosexual men

More similarities than differences across racial and ethnic groups

Gay and bisexual men may be at a greater risk for HD development given reports of higher levels of lifetime sex partners compared with other social groups.

Gay and bisexual hypersexual men tend to frequent a greater variety of sexual outlets such as bathhouses or sex clubs

Childhood sex abuse is more common for HD women than HD men

Neurobiological mechanisms associated with HD

- mixed results with some findings supporting executive deficits some not

HYPERSEXUAL DISORDER



Treatment Considerations:

- Multiple unsuccessful attempts to control or diminish
- Engaging in behaviors in response to dysphoric mood states or stressful life events
- Seek treatment first for co-occurring psychopathology including mood, anxiety, attention-deficit, and substance-related disorders.

- Personality characteristics include:
 - boredom proneness
 - Impulsivity
 - interpersonal sensitivity
 - Alexithymia
 - loneliness
 - low self-esteem
 - and shame

- Relationships are often adversely impacted and divorce is common

Treatment Considerations:

Hypersexual Behavior Inventory

- 19-item scale
- engaging in sex in response to stress (eg, “Doing something sexual helps me cope with stress”) or dysphoric mood (eg, “I turn to sexual activities when I experience unpleasant feelings”) or multiple unsuccessful attempts to diminish or control sexual thoughts, urges, and behaviors (eg, “Even though I promised myself I would not repeat a sexual behavior, I find myself returning to it over and over again”).
- Impairment in social, occupational, or other important areas of functioning (eg, “My sexual activities interfere with aspects of my life such as work or school” and “My sexual thoughts and fantasies distract me from accomplishing important tasks”).

HYPERSEXUAL DISORDER



Treatment Considerations:

If HD is suspected

- human immunodeficiency virus risk behavior
- Other risks for physical or emotional harm:
 - masturbating to pornography while operating a motor vehicle
 - entering high-crime neighborhoods to engage with a commercial sex worker
 - potential loss of employment because of sexual activities in the workplace
 - Relationships compromised
 - children may be at risk for premature exposure to sexual stimuli/ situations

Assess:

- distress level
- control related to sexual fantasies, urges, and behaviors
- Psychiatric comorbidity
- not diagnosed if it occurs exclusively in the context of a substance-related disorder, a manic episode, or if the period of sexual activities has not persisted for a period of 6 months or longer.

HYPERSEXUAL DISORDER



Treatment Considerations:

- Self-help materials and workbooks (no research on efficacy)
- Case studies and nonrandomized open clinical trials (selective serotonin reuptake inhibitors, or opioid antagonists, such as naltrexone (some evidence on efficacy))
- Cognitive behavior therapy, acceptance and commitment therapy, mindfulness, motivational interviewing, 12-step programs, and couples therapy (most evidence on efficacy)

Preferred treatment plan includes

- individual cognitive-behavioral, MI, mindfulness, or experiential psychotherapy
- attendance at a treatment group or 12-step support meeting, and
- concurrent pharmacologic interventions to address both co-occurring issues

Goal:

- arrest hypersexual behaviors
- address underlying issues
- Improve Quality of Life

COMPULSIVE SHOPPING



Excessive or poorly controlled preoccupations, urges, or behaviors regarding shopping and spending that lead to subjective distress or impaired functioning.

- oniomania, shopaholism, compulsive spending, compulsive buying, and shopping addiction
- including browsing, buying, and returning items for sale

Proposed criteria for compulsive shopping²⁹

- Frequent preoccupation with buying
- Irresistible, intrusive, and/or senseless impulses to buy
- Frequently buying unneeded items or more than can be afforded
- Shopping for periods longer than intended
- Experiencing adverse consequences, such as marked distress, impaired social or occupational functioning, and/or financial problems
- Shopping behaviors not due to a manic episode¹¹⁸

COMPULSIVE SHOPPING



Debate:

- Is compulsive shopping is a separate psychiatric disorder or
- Or a sign or symptom of another psychiatric disorder (such as obsessive-compulsive disorder, bipolar disorder, or major depressive disorder)
- Little research

Estimated 6% of Americans meet criteria for compulsive shopping

Higher rates of depression, antisocial behaviors, and elevated risk of substance

Abuse (Grant, et al).

Significant harm to (personal, family, work)

financial suffering can be devastating to self and family

COMPULSIVE SHOPPING



Etiology:

Possible that the same brain regions involved in addictive

Presentation:

- soothing conflict and tension through acquiring material possession that are thought to “make themselves whole.”
- stress response to depression and anxiety, particularly when patients have positive experiences with shopping at an early age.
- “impulsive acquirers” compared to bipolar or obsessive-compulsive

COMPULSIVE SHOPPING



Clinical Characteristics:

- Intense, frequent preoccupations with shopping
- loss of control
- Inability to stop despite negative consequences
- Rewarding to buy buying, planning, the hunting, the bargaining, and the returning of items for future credit leading to more shopping and harm

Disorder has not been widely accepted because:

- of a lack of recognition of the symptoms
- behavior is deliberate and willful
- Debt, depression, anxiety, impaired relationships difficult to connect to the shopping
- shopping is part of every day behavior unlike gambling or drug use
- We encourage spending behaviors

COMPULSIVE SHOPPING



Differentiating compulsive shoppers from those who love to shop:

- Compulsive shopping = continued shopping despite adverse consequences caused by the shopping.
- urges to shop can be intense, frequent, and similar in quality to cravings for food, drugs, or sex.
- Compulsive shoppers drive to shop to stay in “action” with the shopping process.

Treatment considerations:

- Significant harm psychologically and socially
 - financial
 - lost time and productivity
 - and negative impact on personal relationships
 - intense and long-lasting feelings of guilt and shame
 - hide their purchases and, often, never use them or do not even take them out of the packaging.
- Even when they want to return their purchases, overwhelming guilt and shame can prevent that from happening
- 80% of patients are female; unclear why (bias)
- men tend to acquire electronics, gadgets, and tickets to concerts or sporting events
- women have been known to seek out clothing, accessories, and household items

COMPULSIVE SHOPPING



Treatment considerations:

- Very little is known
- chronic, relapsing condition.
- onset appears to be during the 18- to 25-year-old period
- online shopping, liberal return policies, and marketing and advertising > the issue
- Co-occurring disorders:
 - mood
 - anxiety disorders
 - substance use disorders
 - eating disorders
 - impulse control
 - personality disorders

Compulsive shopping in bipolar disorder → exacerbation of both AND THEY are separate

COMPULSIVE SHOPPING



Assessment and Diagnostic Considerations:

At this time, there are no formal DIAGNOSIS

Screening and assessments instruments, such as the Compulsive Buying Scale (Manolis et al, 2008)

Other diagnoses must be excluded, (bipolar disorder, OCD, hoarding)

Compulsive shopping:

- ego-syntonic shopping brings psychic relief
- shopping that is rewarding and emotionally positive
- hoarding disorders

Hoarding or OCD:

- relieving tension
- or minimizing anxiety
- perceived possibility that something undesired will happen.

COMPULSIVE SHOPPING



Treatment considerations:

- Medical conditions associated with such behavior:
 - include frontal lobe injuries
 - degenerative neurologic conditions such as progressive supranuclear palsy
 - traumatic brain injuries
 - dopamine agonists used for Parkinson's disease and restless leg syndromes

Treatment Considerations:

Pharmacological treatment:

- antidepressants and mood stabilizers
- naltrexone to block the associated urges and cravings
- topiramate

Psychological treatment:

Experts have been using therapies effective for addiction or anxiety disorders

- Cognitive-behavioral therapy and cognitive restructuring
- Establishing healthy purchasing patterns
- restructuring maladaptive thoughts and negative feelings associated with shopping
- developing healthy coping skills
- Debtor's Anonymous (no empirical data on the effectiveness)

Treatment Considerations:

Preferred treatment plan includes

- individual and group cognitive-behavioral, MI, mindfulness, and experiential psychotherapy
- attendance at a treatment group or 12-step support meeting, and
- concurrent pharmacologic interventions to address both co-occurring issues

Goal:

- arrest disordered shopping
- address underlying issues
- Improve Quality of Life

IMPORTANT CONSIDERATION Grant et al

Behavioral Addiction	Lifetime Estimates of Substance Use Disorder
Gambling	35-63%
Kleptomania	23-50%
Pathologic Skin Picking	38%
Compulsive Sexual Behavior	64%
Internet Addiction	38%
Compulsive Buying	21-46%

SUMMARY



- Intense shame, guilt, and embarrassment
- Careful use of screening tools and Motivational Interviewing
- Careful consideration of what is recreation vs. psychopathology
- Keep a safe place for the client to open up, whether it be now or later.

THANK YOU!



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